



Commonwealth of Massachusetts

Optional Deduction Vendor Request Form

Please add the following vendor to the Vendor Reference File:

Vendor Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Telephone: (____) _____

Vendor Business: _____ (i.e. bank, credit union, insurance)

Request submitted by:

Name (F, L, M.I.): _____ **Tel #:** (____) _____

Department: _____ **Date:** _____

Dept. Code: _____

For CTR/TRE Use Only

Date Request Received: _____

Approved: 0 YES 0 NO*

*If No, Reason for Denial: _____

Date Sent to TRE: _____

Date TRE Added: _____

Vendor to TRE File: _____

TRE Vendor ID: _____ **Short Name:** _____

Date TRE Returned Request to CTR: _____

Date CTR Added to Reference File: _____